

Federal Investigations Notice

Notice No. 01-13

Date: September 20, 2001

SUBJECT: Department of Defense Spouse/Cohabitant National Agency Check (NAC)

This notice provides guidance for submitting requests to OPM for a Spouse/Cohabitant National Agency Check (NAC) subsequent to the initial investigation or the most recent periodic reinvestigation for Top Secret (TS) or Sensitive Compartmented Information (SCI) access, but prior to the next reinvestigation cycle. Initial and periodic reinvestigations conducted by OPM for TS or SCI access include the Spouse/Cohabitant NAC. A cohabitant is defined as *"a person living in a spouse-like relationship with another person."*

REQUIREMENT:

In accordance with the investigative standards for holding TS or SCI access to classified information, individuals who marry or live in a spouse-like relationship between the time of a completed initial investigation and the five-year reinvestigation are required to have a NAC completed on their spouse or cohabitant. This also applies for the time between a periodic reinvestigation and the subsequent five-year reinvestigation. The employing agency is responsible for requesting the Spouse/Cohabitant NAC.

OFI FORM 86C:

Attached to this notice is a modified version of the OFI Form 86C (revised September 2001) to be used when requesting the Spouse/Cohabitant NAC. OPM requires that the request be submitted on this version of the form with blocks 1-6 completed with the Subject's identifying information. The spouse/cohabitant's identifying information should be provided in block 13 of the form. Indicate in block 13 the date and type of the subject's prior background investigation, ensuring there is authority to conduct the Spouse/Cohabitant NAC.

The form is pre-coded with the Special Agreement Code "S". The code "S" will schedule: a search of OPM's Security/Suitability Investigations Index for the Spouse/Cohabitant (SSII); a Spouse/Cohabitant FBI fingerprint name search (SFPN); a Spouse/Cohabitant FBI name file search (SFBN); and a Spouse/Cohabitant Defense Clearance and Investigations Index (DCII) search (SDCI). If the Spouse/Cohabitant is foreign-born, Immigration and Naturalization Service (SINS) and Central Intelligence Agency Security Office (SCIS) searches will be scheduled.

Note: if there is an investigation pending at DSS on the subject and/or the spouse/cohabitant, the request should be submitted to DSS, not to OPM. The OFI 86C form will not apply if submitting to DSS.

BILLING:

The base price for the Spouse/Cohabitant NAC is \$38; there will be an additional fee of \$10 to complete the required INS and CIA checks if the Spouse/Cohabitant is foreign-born. Please indicate the correct billing information in item 11 (OPAC-ALC Number) of the OFI 86C. Any questions can be directed to Program Services at (724) 794-5612.


Richard A. Ferris

Associate Director for Investigations

Inquiries:	OPM-IS, Oversight and Technical Assistance Division (202) 606-1042, or OPM-FIPC, Program Services (724) 794-5612
Code:	736, Investigations
Distribution:	DoD SOI/SONs
Notice Expires:	September 30, 2002

SPECIAL AGREEMENT CHECK (SAC)

OFI FORM 86C
September 2001

U.S. OFFICE OF PERSONNEL MANAGEMENT
Investigations Service

Agency Agreement Number				OPM USE ONLY				OPM Codes				Case Number					
AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 14 USING INSTRUCTIONS FROM THE BACK)																	
1. SUBJECT'S FULL NAME												2. DATE OF BIRTH					
Last Name				First Name				Middle Name (Suffix)				Month		Day		Year	
3. PLACE OF BIRTH (Use the two letter code for the State)												4. SOCIAL SECURITY NUMBER					
City			County			State			Country								
5. OTHER NAMES USED AND DATES WHEN USED																	
Name				From Month Year		To Month Year		Name				From Month Year		To Month Year			
Name				From Month Year		To Month Year		Name				From Month Year		To Month Year			
6. SEX (Mark one box) <input type="checkbox"/> Female <input type="checkbox"/> Male				7. SPECIAL AGREEMENT CODES S				8. POSITION TITLE									
9. SON				10. SOI				11. OPAC-ALC Number				12. Accounting Data					

13. OTHER INFORMATION REQUIRED BY AGREEMENT

Date of Prior Investigation: ____/____/____ **Type of Prior Investigation:** ☐ SSBI ☐ SSBI-PR ☐ Other____
Month Day Year (indicate type)

Please indicate relation code in block below and complete the necessary data.
20 - Spouse 21 - Cohabitant

(01) RELATION CODE _____

NAME: _____
LAST _____ FIRST _____ MIDDLE _____ SUFFIX _____
(eg: Jr., Sr., etc.)

Other Names Used LAST	FIRST	MIDDLE	FROM (M/Y)	TO (M/Y)	NEE (X)

DOB / / POB CITY STATE COUNTRY

SSN - CITIZENSHIP

CITIZENSHIP CERTIFICATION # _____ DATE ____/____/____

CITY _____ STATE _____

ALIEN REGISTRATION # _____ **DATE** ____/____/____

CITY _____ STATE _____

14. Name and Title of Requesting Official	Signature of Requesting Official	Telephone Number ()	Date
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INSTRUCTIONS FOR COMPLETING OFI FORM 86C

GENERAL: Agencies use this form to request limited investigations, or checks, of persons in positions for which there is a special agreement with OPM that permits and specifies alternative procedures to meet investigative requirements. Complete all items on this form according to your agreement with OPM and using information obtained from the person to be checked or from documents provided by the person. **THIS FORM MUST BE TYPED.** Submit this form and any other documentation specified in the written agreement to:

**OPM-FIPC
BOYERS, PA 16018**

INSTRUCTIONS FOR SPECIFIC ITEMS

- 1 The subject's full name must be given. If the subject is a "Jr.", "Sr.", "III", etc., enter the abbreviation in the space for suffix after the middle name. If the subject has initials only, enter each initial in the appropriate box. If the subject has no middle name, enter "NMN".
- 2 Provide the month, day, year of subject's birth. Example: Enter June 7, 1942 as: "06/07/42".
- 3 Subject's place of birth: Enter full name of city/town under CITY. Under COUNTY, give county if born in United States. Using the coding shown below, provide the abbreviation for the State if born in the U.S. or its territories. Provide country of birth under COUNTRY only if not born in the United States.

CODING FOR STATES, DISTRICT OF COLUMBIA, AND U.S. TERRITORIES (ITEM 3)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Mariana Island	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

- 4 Provide the subject's Social Security Number.
- 5 To the extent information is available, list all other names the subject was known by or is now using. If the subject is female, and is or was married, include maiden name, and other married names if married more than once. Provide beginning and ending dates for use of each name. Identify maiden name with "NEE".
- 6 Check the appropriate box to specify sex as MALE or FEMALE.
- 7 List the Special Agreement codes provided in the agreement with OPM.
- 8 Give subject's position title.
- 9 Give your Submitting Office Number (SON), assigned by OPM.
- 10 Give your Security Office Identifier (SOI), assigned by OPM.
- 11 Enter your agency's ALC (Agency Location Code) assigned by Treasury for use in the OPAC (On-line Payment And Collection) billing system (formerly SIBAC).
- 12 You may enter your agency data for internal use. Up to 25 characters may be entered in this block. (The information you enter will be printed on documents used to close the case to your agency.) If your agency does not need this information, leave the block blank.
- 13 Provide any other information required by the agreement with OPM. The format and content of the data must be exactly as specified on the form.
- 14 Type the requestor's Name, Title, and Telephone Number, and the Date. Form must be signed by the requestor.